



BLACKSEARAMA
GOLF & VILLAS

6th BlackSeaRama Pro-Am 2014 - REGISTRATION FORM

- Deadline for entries is July 1st 2014.
- Entries will be allocated on a first come, first served basis. Entry Forms must be completed in full for each Professional and all three amateurs to be accepted.
- An entry is considered valid, only after full payment of the amateur entry fee has been completed.
- Amateur Competitors must bring their current handicap certificate with them.
- Any player who fails to present a handicap certificate to the PGA Championship Office at BlackSeaRama prior to Round 1 will not be permitted to play.

PROFESSIONAL PLAYER

Name:		PGA of...:	
Golf Club:			
Address:			
Nationality:			
Tel:			
Email:			

AMATEUR PLAYER 1

Name:		Exact H/Cap:	
Golf Club:		H/Cap System:	EGA/CONGU/USGA
Address:			
Nationality:			
Tel:			
Email:			

AMATEUR PLAYER 2

Name:		Exact H/Cap:	
Golf Club:		H/Cap System:	EGA/CONGU/USGA
Address:			
Nationality:			
Tel:			
Email:			





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AMATEUR PLAYER 3

Name:		Exact H/Cap:	
Golf Club:		H/Cap System:	EGA/CONGU/USGA
Address:			
Nationality:			
Tel:			
Email:			

CANCELLATION POLICY

From July 1st 2014 full charges will apply (100%) and there is no refund for cancellations received after this date.

No refunds will be made upon failure of proof of the current handicap certificate at the PGA Championship Office prior to Round 1.

PAYMENT DETAILS

You can pay for the registration fees by credit card or bank transfer.
Personal checks are not accepted.

PAYMENT BY CREDIT CARD

Payment by credit card:	Visa MasterCard Amex
Credit card number:	
Card expiry date (M/Y):	
CVC code:	
Cardholder's name (as shown on the card):	
Cardholder's telephone number:	

Bank issuing details:

I hereby authorize BlackSeaRama Golf & Villas to debit this card with the total amount of _____ in view of The Team Participation in the 6th BlackSeaRama Pro-Am 2014 event.





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I hereby confirm that I have read and understood the registration terms as well as the cancellation and substitution policy, which I accept without any restrictions.

Cardholder's Signature:
(Please do not type your name: Original signature is required.)

BILLING DETAILS

Please tick one of the following billing options: * Receipt Invoice

In case of invoice please fill in the following details:

Individual's name / Company name:			
Field of activities:			
Address:		Post Code:	
City:		Country:	
Tel (Inc Country Code):		Fax:	
Email:		VAT/Tax Id. #:	

A receipt will be issued in case you do not choose one of the options.

It should be noted that the data given in this form will not be disclosed to any third parties, who are not directly involved in the organization of the 6th BlackSeaRama PRO-AM 2014 nor will it be publicized in any other way.

I hereby confirm that I have read and understood the registration terms as well as the cancellation and substitution policy, which I accept without any restrictions.

Date: _____

On Behalf of the Team (Name): _____

Please do not type your name: Original signature is required





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An email confirming your registration will be sent to you within three (3) working days after having received this Registration Form and the payment is settled.

Should you not read this email, please contact: blacksearama@blacksearama.com

For registration and accommodation enquiries:

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